

Enjoy retirement Stay in Fórsa

There's no reason to leave Fórsa just because you're retired or retiring. Your union welcomes retired members, and more and more are choosing to stay with Fórsa. We have an established retired members' group, which deals exclusively with issues that affect you in retirement. It's good value and it makes sense for retired members to be in Fórsa.

Fórsa retired members are entitled to*

- €5,000 personal accident insurance
- €5,000 critical illness or death benefit
- €5,000 death of a spouse or qualifying partner
- Evacuation or repatriation expenses of up to €250,000 for members who die or are seriously ill abroad, including emergency medical expenses incurred for members temporarily abroad as a result of death/illness
- Free legal help in bodily injury cases
- Free 24/7 legal advice helpline
- Free 24/7 confidential counselling helpline
- Free 24/7 domestic assistance helpline.

Retired Members can opt in to Fórsafacilitated financial benefits

- Car insurance
- Home insurance
- Travel insurance**
- Fórsa Group Discount Scheme Sign up at https://forsa.group-login.com/login

*Six months continuous membership is required to avail of services. Financial benefits are strictly subject to policy, terms, conditions and exclusions. See www.forsa.ie for details.

**Terms, conditions and age limits apply



PLEASE FILL OUT IN BLOCK CAPITALS

(Bank standing order only)





Personal Details (Include name as registered with your employer or former employer ie name on payslip)	Former Employment Details
Surname:	Former employer:
First name(s):	Department/Section:
.,	Payroll/Employee/Staff Number:
Also known as:(If different from above)	Workplace Address:
Address:	workplace Address:
Eircode:	
Gender: Male Female	Eircode:
	Grade/Job Category:
Date or year of birth:	Grade/Job Category.
Daytime phone number:	
Mobile number:	
Email:	
Union Memb	ership History
When did you cease to be a member of Fórsa:	
joining the union and only in respect of issues arising on or after that date. Signed: Date: Please check that you have fully complete	ted and signed this form. Then return it to: a, Nerney's Court, Dublin D01 R2C5.
TANDING ORDER	
To: The Manager:	
Name of Bank:	
Address of Bank:	
Account Names(s):	
(Include both names where joint account)	
BIC: IBAN: IBAN:	
I/We authorise and request you to debit my/our (type of) accountafter and to credit this amount to the trade union at the bank account, and number and pay bank shall not be under any liability for damage or loss caused by any omission to make the	ree reference number specified below, until further notice in writing. I understand that the
This standing order is in substitution for any other standing order to Fórsa being paid from the above account	
Signed: (i) Date:	
Signed: (ii) Date:	
FÓRSA ACCOUNT DETAILS To be completed by Fórsa head office before transmission to members bank	
Bank: AIB plc BIC: AIBKIE2D IBAN: IE75AIBK93208689	
Payee Reference Number:	Daily Addition 1712 Daily Guest, Dublin 2

PLEASE FILL OUT IN BLOCK CAPITALS

(Deduction at source only)





Personal Details (Include name as registered with your employer or former employer ie	Former Employment Details
name on payslip)	
Surname:	Former employer:
First name(s):	Department/Section:
Also known as:	
(If different from above)	Payroll/Employee/Staff Number:
Address:	Workplace Address:
Eircode:	
Gender: Male Female	
Gender: Male Female Female	Eircode:
Date or year of birth:	Grade/Job Category:
Daytime phone number:	
Mobile number:	
Email:	
Union Mer	mbership History
	msoromp rinotory
When did you cease to be a Fórsa member:	
I haraby apply for ratinal mambarabin of Fárea Trade Union I undertake	to shide by the union wiles and decisions taken in accordance with these viles. I
	to abide by the union rules and decisions taken in accordance with these rules. I nowledge. I acknowledge that my entitlement to services from the union arises only
from the date of joining the union and only in respect of issues arising on,	
Signed: Date	
Signed.	
Places shock that you have fully some	ploted and signed this form. Then return it to
· · · · · · · · · · · · · · · · · · ·	pleted and signed this form. Then return it to sa, Nerney's Court, Dublin D01 R2C5.
Membership Applications, For	sa, Nemey's Court, Dubini Do'i R203.
AUTHORICATION FOR EMPLOYER TO REPUGT UNION (CURCODISTIONS
AUTHORISATION FOR EMPLOYER TO DEDUCT UNION S	SUBSCRIPTIONS
	IUNGA
To: (Name of former employer/pension provider)	
Lauthorise and request the deduction from my pension, to commence as so	oon as possible and to continue until further written notice, of the Fórsa trade union
	e rules of the union and to pay this amount to Fórsa on my behalf. I also authorise
	o you, with updates of the basic and employment related data set out in the Fórsa
membership application form, for use by Fórsa in connection with my union	
My pension is paid: (Please tick appropriate box) Weekly Fol	rtnightly Monthly Other
Surnama	
Surname: Firs	t name(s).
Former grade	
Former staff number: Pen	sion Ref No.
Signed: Date	9:

Subscriptions

You can use the application form on this leaflet to join Fórsa as a retired member. The union subscription is either €8 per month (payable by bank standing order) or 0.4% of your pension (deducted at source, where employers provide this facility). Regardless of the method of payment, the fee does not exceed €96 per year.

Send your completed application from or any queries to Retired Members, Fórsa, Nerney's Court, Dublin 1. Phone 01 8171500